

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

921528556  
APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		2		1		
3		2	1	2		
4	1		1			
5		4		1		
6		1		1		
7		3		3		
8				1		
9				1		
10				1		
11				1		
12				1		
13	1		1			
14		2		1		
15		2		2		
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TOTAL IND.		↓	16	↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS			70			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						